

Supplemental Independent Expenditure Report

(Government Code Section 84203.5)

SEE INSTRUCTIONS ON REVERSE

Type or print in ink.
Amounts may be rounded to
whole dollars.

2015-2016

SUPPLEMENTAL INDEPENDENT EXPENDITURE

☐ Amendment (Explain Below)

Report covers period

from 1/1/2015

through 2/7/2015

Date of election if applicable:
(Month, Day, Year)

2/24/2015

Date Stamp

CALIFORNIA
FORM

465

Page 1 of 3

For Official Use Only

1. Committee/Filer Information

I.D. NUMBER (If recipient committee)

744817

COMMITTEE/FILER'S NAME

Local 18 Water and Power Defense League (IBEW)

STREET ADDRESS (NO P.O. BOX)

4189 West 2nd Street

| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|-------------|-------|----------|-----------------|
| Los Angeles | CA | 90004 | (213) 387-8274 |

OPTIONAL: FAX/E-MAIL ADDRESS

Treasurer (If recipient committee)

NAME OF TREASURER

Brian D'Arcy

MAILING ADDRESS

4189 West 2nd Street

| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|-------------|-------|----------|-----------------|
| Los Angeles | CA | 90004 | (213) 387-8274 |

OPTIONAL: FAX/E-MAIL ADDRESS

2. Name of Candidate or Measure Supported or Opposed

NAME OF CANDIDATE

Emily Gabel-Luddy

NAME OF BALLOT MEASURE

OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE

City Council Member

BALLOT NO./LETTER JURISDICTION

CHECK ONE

| SUPPORT | OPPOSE |
|-------------------------------------|--------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> |

| SUPPORT | OPPOSE |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |

3. Independent Expenditures Made Attach additional information on appropriately labeled continuation sheets.

CUMULATIVE TO DATE
CALENDAR YEAR
(JAN. 1-DEC. 31)

| DATE | NAME AND ADDRESS OF PAYEE | DESCRIPTION OF EXPENDITURE | AMOUNT | |
|------|---------------------------|----------------------------|--------|--|
|------|---------------------------|----------------------------|--------|--|

4. Summary

| | |
|---|----------|
| 1. Total independent expenditures of \$100 or more made this period. (Part 3.) | 7,891.35 |
| 2. Total independent expenditures under \$100 made this period. (Not itemized.) | \$0.00 |
| 3. Total independent expenditures made this period (Add Lines 1+2.) TOTAL | 7,891.35 |

5. Filing Officers Enter name and address of each filing officer with whom the filer's most recent campaign statements (Form 450, 460 or 461) have been filed.

6. Verification

I certify that the "independent expenditure(s)" disclosed in this statement were not "made at the behest of" the candidate or committee that benefitted from the expenditure(s) as those terms are defined in Government Code Section 82031 and FPPC Regulation 18225.7. I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 2/11/15
DATE

By _____

RER

Executed on 2/11/15
DATE

By _____
SIGNATURE OF CONTROLLER

RESPONSIBLE OFFICER OF SPONSOR

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744817

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4189 West 2nd Street

| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|-------------|-------|----------|-----------------|
| Los Angeles | CA | 90004 | (213) 387-8274 |

OPTIONAL: FAX/E-MAIL ADDRESS

Treasurer (If recipient committee)

NAME OF TREASURER

Brian D'Arcy

MAILING ADDRESS

4189 West 2nd Street

| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|-------------|-------|----------|-----------------|
| Los Angeles | CA | 90004 | (213) 387-8274 |

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2. Name of Candidate or Measure Supported or Opposed

NAME OF CANDIDATE

Emily Gabel-Luddy

NAME OF BALLOT MEASURE

OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE

City Council Member

BALLOT NO./LETTER JURISDICTION

CHECK ONE

SUPPORT

☒

OPPOSE

☐

SUPPORT

☐

OPPOSE

☐

3. Independent Expenditures Made Attach additional information on appropriately labeled continuation sheets.

CUMULATIVE TO DATE
CALENDAR YEAR
(JAN. 1-DEC. 31)

| DATE | NAME AND ADDRESS OF PAYEE | DESCRIPTION OF EXPENDITURE | AMOUNT | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1-DEC. 31) |
|------------|---|----------------------------|----------|---|
| 02/04/2015 | Asendia By La Poste & Swiss Post 701C Ashland Ave Folcroft, PA 19032-2025 | POS | \$727.50 | \$7,891.35 |
| 02/04/2015 | Subvendor: US Postmaster 750 W 7th St Ste 201 Los Angeles, CA 90017-3710 \$3,963.39 | POS | \$0.00 | \$7,891.35 |
| 02/04/2015 | Dream Machine Media House 202 S Poinsettia Pl Los Angeles, CA 90036-2802 | LIT | \$500.00 | \$7,891.35 |

| | | | | |
|------------|---|------------|------------|------------|
| 02/04/2015 | IBEW Local Union No. 18 4189 W 2nd St Los Angeles, CA 90004-4340 | POS | \$3,963.39 | \$7,891.35 |
| 02/04/2015 | IBEW Local Union No. 18 4189 W 2nd St Los Angeles, CA 90004-4340 | LIT | \$2,190.46 | \$7,891.35 |
| 02/04/2015 | Subvendor: Asendia By La Poste & Swiss Post 701C Ashland Ave Folcroft, PA 19032-2025 \$3,963.39 | POS | \$0.00 | \$7,891.35 |
| 02/04/2015 | Subvendor: The Harman Press 6840 Vineland Ave North Hollywood, CA 91605-6409 \$2,190.46 | LIT | \$0.00 | \$7,891.35 |
| 02/04/2015 | Political Data, Inc. 825 S Victory Blvd Burbank, CA 91502-2428 | Voter Data | \$510.00 | \$7,891.35 |

4. Summary

| | |
|--|-------------------|
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Executed on _____

DATE

Executed on _____

DATE

Executed on _____

DATE

By See Page 1

SIGNATURE OF FILER, TREASURER OR ASSISTANT TREASURER

By See Page 1

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT, OR RESPONSIBLE OFFICER OF SPONSOR

By _____

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT